

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4994

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed:																								
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%;"> <tr> <td style="width:30%;">TITLE</td> <td style="width:30%;">FIRST</td> <td style="width:10%;">MI</td> <td style="width:30%;"></td> </tr> <tr> <td>Judge</td> <td>Richard</td> <td>E</td> <td></td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> <td></td> </tr> <tr> <td></td> <td>Scott</td> <td></td> <td></td> </tr> </table>		TITLE	FIRST	MI		Judge	Richard	E		NICKNAME	LAST	SUFFIX			Scott			OFFICE USE ONLY Date Received DANA DEERAYOIR COUNTY CLERK TRAVIS COUNTY, TEXAS 02 JAN 15 PM 12:09 FILED								
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Judge	Richard	E																									
NICKNAME	LAST	SUFFIX																									
	Scott																										
4 CANDIDATE / OFFICEHOLDER ADDRESS <input type="checkbox"/> Change of Address	<table style="width:100%;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td>P.O. Box 15052</td> <td></td> <td>Austin</td> <td>TX</td> <td>78761</td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	P.O. Box 15052		Austin	TX	78761															
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12 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	<p> ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ** </p> <table style="width:100%;"> <tr> <td style="width:100%;">Name</td> </tr> <tr> <td>N/A</td> </tr> <tr> <td>Address / PO Box: Apt. / Suite #: City: State: Zip Code</td> </tr> </table>			Name	N/A	Address / PO Box: Apt. / Suite #: City: State: Zip Code																					
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Richard E. Scott

15 ACCOUNT # (Ethics Commission file)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

N/A

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 0

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 800.00

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT

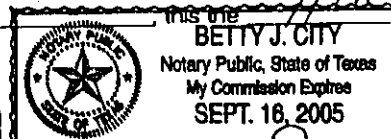
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Richard E. Scott

on 01/11/2002, to certify which, witness my hand and seal of office.



Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:**2** FILER NAME

Richard E. Scott

3 ACCOUNT # (Ethics Commission filers)**4** Date

12/23/01

5 Payee name

Travis County Democratic Party

6 Payee address; City; State; Zip Code

4201 S. Congress #302 Austin, Texas 78740

8 Amount

\$800.00

7 Purpose of expenditure

Filing fee for Justice of the Peace

Reimbursement from
political contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
(\$)Reimbursement from
political contributions
intended

Date

Payee name

Payee address; City; State; Zip Code

Purpose of expenditure

Amount
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Date

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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED